

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		64181	5-1-00
O.I.P.E. CLASSIFIER		49	5/16/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	am	64830	3-30

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5/1/00
2	✓	✓	5/1/00
3	✓	✓	5/1/00
4	✓	✓	5/1/00
5	✓	✓	5/1/00
6	✓	✓	5/1/00
7	✓	✓	5/1/00
8	✓	✓	5/1/00
9	✓	✓	5/1/00
10	✓	✓	5/1/00
11	✓	✓	5/1/00
12	✓	✓	5/1/00
13	✓	✓	5/1/00
14	✓	✓	5/1/00
15	✓	✓	5/1/00
16	✓	✓	5/1/00
17	✓	✓	5/1/00
18	✓	✓	5/1/00
19	✓	✓	5/1/00
20	✓	✓	5/1/00
21	✓	✓	5/1/00
22	✓	✓	5/1/00
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43	✓	✓	5/1/00
44	✓	✓	5/1/00
45	✓	✓	5/1/00
46	✓	✓	5/1/00
47	✓	✓	5/1/00
48	✓	✓	5/1/00
49	✓	✓	5/1/00
50	✓	✓	5/1/00

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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